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PTO/SB/82 (04-05)  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/829,460
Filing Date	4/22/2004
First Named Inventor	Michael IOELOVICH
Art Unit	
Examiner Name	
Attorney Docket Number	3017-002P

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

022831

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

022831

OR

☐ Firm or  
Individual Name

Nanoadd Ltd.

Address

P.O. Box 73, South Ind. Zone

City

Migdal HaEmek

State

none

Zip

23100

Country

Israel

Telephone

972-4-6544806

Email

nanoadd@ofek.org.il

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Alexander Leykin*

Name

Alexander Leykin

Date

Aug. 22, 2005

Telephone

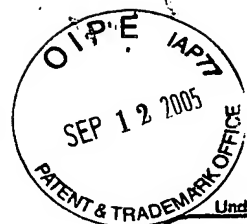
972-4-6544806

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/82 (04-05)  
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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/829,460
Filing Date	4/22/2004
First Named Inventor	Michael IOELOVICH
Art Unit	
Examiner Name	
Attorney Docket Number	3017-002P

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☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

022831

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

022831

OR

<input type="checkbox"/> Firm or Individual Name	Nano Add Ltd				
Address	P.O. Box 73, Ind. Zone				
City	Migdal HaEmek	State		Zip	23100
Country	Israel				
Telephone	972-4-6544-806	Email	nanoadd@ofek.org.il		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

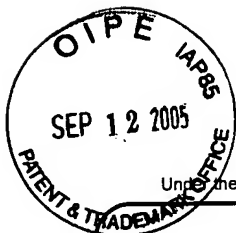
Signature			
Name	Michael Ioelovich		
Date	Aug. 22, 2005	Telephone	972-4-6544-806

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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PTO/SB/83 (04-05)  
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/881,549
Filing Date	June 30, 2004
First Named Inventor	Lau
Art Unit	2655
Examiner Name	
Attorney Docket Number	PHAT-01000US1

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 28554

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

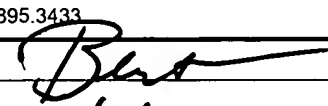
Assignee of record has requested transfer of responsibility for application.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert P. Hart Harman International		
Address	8500 Balboa Boulevard		
City	Northridge	State	California
		Zip	91329
Country	USA		
Telephone	818.895.3433	Email	rhart@harman.com
Signature			
Name	Burt Magen	Registration No.	37,175
Date	9/9/05	Telephone No.	415.369.9660

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (04-05)

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/955,665
Filing Date	September 19, 2001
First Named Inventor	Busam
Art Unit	2151
Examiner Name	Tran, Nghi V.
Attorney Docket Number	PHAT-01008US0

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Assignee of record has requested transfer of responsibility for application.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert P. Hart Harman International		
Address	8500 Balboa Boulevard		
City	Northridge	State	California
Country	USA		
Telephone	818.895.3433	Email	rhart@harman.com
Signature			
Name	Burt Magen	Registration No.	37,175
Date	9/7/05	Telephone No.	415.369.9660

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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